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| <b>Case Number:</b>   | CM13-0011486 |                              |            |
| <b>Date Assigned:</b> | 09/20/2013   | <b>Date of Injury:</b>       | 06/28/2011 |
| <b>Decision Date:</b> | 01/02/2014   | <b>UR Denial Date:</b>       | 07/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 06/28/2011. The treating diagnoses include lumbago, lumbosacral neuritis, lumbar disc displacement, lumbosacral disc degeneration, and lumbar sprain. The initial mechanism of injury is that the patient stepped out of a truck into mud and felt a pinch in his lower back. An initial physician review discusses the patient's treating medical records which discuss that the patient was using a TENS unit which decreases his pain and allows him to better participate in stretches and exercise and allows him to walk twice a day for 20 minutes as opposed to once previously. The range of motion was flexion 50 degrees and extension 20 degrees. That initial physician review concluded that the request did not meet the criteria and that the clinical information did not include a treatment plan with specific long-term and short-term goals.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Purchase of a TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**Decision rationale:** The Chronic Pain Guidelines indicate that TENS are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a

noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain. In this case, the medical records are very detailed in terms of specific Final Determination Letter for IMR Case Number CM13-0011486 3 functional improvement from the use of a TENS unit. These notes are particularly specific in terms of the functional benefit from TENS. The medical records provided for review meets this standard, and has defined very specific functional tasks in quantitative terms as improved by the TENS unit. The request for purchase of a TENS unit is medically necessary and appropriate.